

# Adult Family Home Facility Based Training Form

Provider Name:

License # (Required)

Contact Person:

Phone #:

Fax #:

Mailing Address:

City

State

Zip

**PART 1** Please check below if you plan on teaching basic training. **PLEASE PRINT.**

<b>Basic Training</b>
<input type="checkbox"/> <b>Basic Training and Modified Basic Training</b>
Using <b>what curriculum?</b> <i>Check one box</i> <input type="checkbox"/> DSHS curriculum <b>or</b> <input type="checkbox"/> An approved Alternative Curriculum ( <i>Give name</i> )
<b>Who</b> are you training? <i>Check box(es)</i> <input type="checkbox"/> <b>Only</b> our own facility staff <input type="checkbox"/> Our facility and others with same licensee* <input type="checkbox"/> Our facility and unrelated facilities (list below) *
Who is the <b>lead instructor?</b> ** ( <i>Give name</i> )

\* List facility names. Attach a separate page if needed.

\*\* See Part 2 for other information that may be needed.

## PART 2 REQUIRED INSTRUCTOR INFORMATION -- PLEASE PRINT

1. For instructors who have been a BH or AFH licensee, boarding home administrator, or adult family home resident manager within the past 12 months, complete the following information for the past 12 months. Attach additional pages if needed.

Instructor Name	Date of Birth mm/dd/yy	BH Name or AFH Provider Name	BH or AFH License #	Role/ job title	Dates employed at the Facility

2. If the instructor is required by WAC to take the training they plan to teach, attach a copy of their certificate of completion for the course.

*I have verified that the instructors listed above meet the minimum qualifications for the trainings they will teach.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**You may not offer these trainings until you receive an approval letter from TCDU.**

To **update** your facility training information once you have turned in this form, use the “*Facility Based Training Update Form*,” not this form.

### **WAC 388-112-0110 Caregiver specialty training for adult family homes:**

The provider or resident manager who has successfully completed the manager specialty training, or a person knowledgeable about the specialty area, trains adult family home caregivers in the specialty needs of the individual residents in the adult family home, and there is no required curriculum or testing.

#### **Please complete and send to:**

Training, Communications & Development Unit  
P. O. Box 45600  
Olympia, WA 98504-5600  
E-mail: [trainingreports@dshs.wa.gov](mailto:trainingreports@dshs.wa.gov)  
FAX: 360-725-2646  
Questions? Call 360-725-2548